



APPLICATION FOR CORPORATE PLUMBING CONTRACTOR LICENSE

State Form 11812 (R9 / 12-14)

Approved by State Board of Accounts, 2015

**INDIANA PLUMBING COMMISSION
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204-2724
Telephone: (317) 234-8800
E-mail: pla14@pla.IN.gov

INSTRUCTIONS: Please print or type.

FOR OFFICE USE ONLY	
APPLICATION FEE	
DATE FEE PAID (month, day, year)	
RECEIPT NUMBER	
LICENSE NUMBER	
DATE OF ISSUE (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

* Federal ID number is requested by this agency in accordance with IC 4-1-8-1, and is mandatory that it be given. Federal ID numbers are available to the Indiana Department of Revenue.

Name of corporation			Federal Identification number *	
Address (number and street, city, state, and ZIP code)				
County	State of incorporation	Telephone number ()	E-mail address	
If not Indiana, supply the date when admitted to do business as foreign corporation in Indiana (month, day, year)		Date of incorporation or admission (month, day, year)		
Name of designated licensed plumbing contractor (corporate officer or employee)				
Title of designated licensed contractor, if corporate officer				
Address (number and street, city, state, and ZIP code)				
County	Indiana plumbing contractor license number		Telephone number ()	
CORPORATE OFFICERS				
NAMES		ADDRESSES (number and street, city, state, and ZIP code)		
CERTIFICATION STATEMENT				
We hereby certify the above information is true and correct, and that the designated plumbing contractor and officers of the plumbing corporation making this application have not been convicted of an act which would constitute a ground for disciplinary sanction under Indiana Code 25-28.5-1-27.1, nor of a felony that has a direct bearing on the corporation's ability to practice plumbing competently.				
We further certify, that _____ (designated plumbing contractor) has authority from the said corporation to transact business pursuant to the license applied for herein, and agrees to be responsible for the corporation's use of said license in accordance with Indiana Code 25-28.5-1, which shall terminate only upon written notice to the Indiana Plumbing Commission, upon resignation, or removal from official status in the corporation as above described.				
Signature of designated plumbing contractor		Printed name of designated plumbing contractor		Date signed (month, day, year)
Signature of corporate officer		Printed name and title of corporate officer		Date signed (month, day, year)

(See back of application)

NOTARY CERTIFICATE (SWORN OATH - DESIGNATED PLUMBING CONTRACTOR)

STATE OF _____ }
COUNTY OF _____ } SS:

I, _____, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of designated plumbing contractor

Signature of Notary Public

Printed or typed name of designated plumbing contractor

Printed or typed name of Notary Public

Date subscribed and sworn to Notary Public (*month, day, year*)

County of residence

Date commission expires (*month, day, year*)**NOTARY CERTIFICATE (SWORN OATH - CORPORATE OFFICER)**

STATE OF _____ }
COUNTY OF _____ } SS:

I, _____, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of corporate officer

Signature of Notary Public

Printed or typed name and title of corporate officer

Printed or typed name of Notary Public

Date subscribed and sworn to Notary Public (*month, day, year*)

County of residence

Date commission expires (*month, day, year*)